

Case Number:	CM15-0168082		
Date Assigned:	09/08/2015	Date of Injury:	03/28/2014
Decision Date:	11/05/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female, who sustained an industrial injury on 3-28-2014. Diagnoses include major depression single episode severe. Treatment to date has included psychiatric evaluation and treatment. Per the Primary Treating Physician's Psychiatric Progress Report dated 6-22-2015, the injured reported anxiety and depression. She is still awaiting individual therapy. The mental status examination described her as polite, cooperative and reliable. She exhibits a less tense and dysphoric mood. There is rare smiling, no laughing or weeping. Her thought content is less tense and dysphoric, consistent with the mood and circumstances. She has been prescribed the current requested medications since at least 5-11-2015. The plan of care included medications and authorization was requested for bupropion, Xanax, citalopram and Lunesta. On 7-21-2015, Utilization Review non-certified the request for bupropion, Xanax, citalopram and Lunesta based on lack of documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bupropion 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin).

Decision rationale: Regarding the request for Wellbutrin (bupropion), Chronic Pain Medical Treatment Guidelines states that Wellbutrin is a second-generation non-tricyclic antidepressant has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. In the case of this request, the antidepressant is being used primarily for mood disorder rather than for chronic pain. There is a Primary Treating Physician's Psychiatric Progress Report dated 6-22-2015 stating depression is reduced since the initiation of Bupropion in 5/2015. Given this documentation of depression, it is reasonable for the patient to continue Bupropion treatment.

Xanax 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Regarding the request for Xanax (alprazolam), the Chronic Pain Medical Treatment Guidelines state that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." (Baillargeon, 2003) (Ashton, 2005). Within the documentation available for review, there appears to be long-term use of the benzodiazepine despite guideline recommendations for no more than 4 weeks of use. The progress notes indicate that this has been prescribed since at least January 2015. Therefore, this request is not medically necessary. This medication should not be abruptly weaned, and the provider should be allowed to wean this medication as he or she sees fit. It is beyond the scope of the IMR process to dictate a particular weaning schedule.

Citalopram 40mg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: Regarding the request for Celexa (citalopram), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is a Primary Treating Physician's Psychiatric Progress Report dated 6-22-2015 stating depression and anxiety is still present and reduced with the current use of citalopram. Given this documentation of depression, it is reasonable for the patient to continue citalopram treatment. Therefore, the currently requested Celexa is medically necessary.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. With Eszopicolone (Lunesta), the guidelines state this agent "has demonstrated reduced sleep latency and sleep maintenance." It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia. The ODG recommends non-pharmacologic treatments and education on behavior techniques and sleep hygiene as first line. Given this, the current request is not medically necessary.